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## BIB DATA SHEET

CONFIRMATION NO. 4332

<b>SERIAL NUMBER</b> 10/552,543	<b>FILING or 371(c) DATE</b> 08/30/2006 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> 35938-505N01US		
<b>APPLICANTS</b> Robert J. Watts, Hampshire, UNITED KINGDOM; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB04/01621 04/14/2004 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0308607.1 04/14/2003 UNITED KINGDOM 0309826.6 04/29/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 09/30/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/KIM M. LEWIS/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance <u>KML</u> Initials	<b>STATE OR COUNTRY</b>  UNITED KINGDOM	<b>SHEETS DRAWINGS</b>  5	<b>TOTAL CLAIMS</b>  20	<b>INDEPENDENT CLAIMS</b>  3
<b>ADDRESS</b>  MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C ONE FINANCIAL CENTER BOSTON, MA 02111 UNITED STATES						
<b>TITLE</b>  Ankle-foot orthosis						
<b>FILING FEE RECEIVED</b>  515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			